


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90006 013 ***150.00

DOCUMENT # P98000020246			
1. Entity Name GIANNA TODISCO ADVERTISING AND MARKETING RESEARCH, INC.			
Principal Place of Business 781 SUGARLOAF BOULEVARD SUGARLOAF KEY FL 33042		Mailing Address 3142 NORTHSIDE DR. #201 KEY WEST FL 33040	
2. Principal Place of Business 3142 NORTHSIDE DRIVE		3. Mailing Address	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc.	
City & State KEY WEST FL		City & State	
Zip 33040	Country USA	Zip	Country
6. Name and Address of Current Registered Agent FINE, ROBERTA-S 818 WHITE STREET KEY WEST FL 33042		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TODISCO, GIOVANNA 3142 NORTHSIDE DR., STE 205 KEY WEST FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Giovanna Todisco</u>		Date: <u>2/26/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

44014488



MOORE CR2E034 (11/03)

4. FEI Number **65-0824724** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**